

Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2010 Non-Judicial Election

RECEIVED
JAN 31 2011

Name of Candidate Walter MichelAddress 3670 Lakeland Lane, Jackson, MS 39216Telephone 601-352-0757Fax 601-353-2858Contact Name Walter MichelEmail walter@waltermichel.comOffice Sought Senate, District 25Political Party RepublicanSecretary of State
Capitol Office

DATE STAMP

☒ Check here if above is different from previous reportTYPE OF REPORT

- May 25, 2010 Pre-Election Report (January 1, 2010, through May 22, 2010).....Mandatory
- June 15, 2010 Pre-Runoff Report (May 23, 2010, through June 12, 2010)..... Runoff Candidates
- October 26, 2010 Pre-General Report (May 23, 2010, through October 23, 2010) All Candidates
- November 16, 2010 Pre-Run off Report (October 24, 2010, through November 13, 2010)Run off Candidates
- X January 31, 2011 Annual Report (January 1, 2010, through December 31, 2010) All Candidates and
Political Committees

 Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indication "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day **before** the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

| | Itemized + Non-itemized = | This Period | Calendar Year-To-Date |
|-------------------------------|---------------------------|---------------|-----------------------|
| Total amount of contributions | \$ 17,564.12 +\$ 400.00 | \$ 17,964.12 | \$ 17,964.12 |
| Total amount of disbursements | \$ 9,534.97 +\$ 2,099.70 | \$ 11,634.67 | \$ 11,634.67 |
| Total amount of cash on hand | | \$ 252,486.24 | |

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Signature of Candidate Walter MichelDate 1/25/11

Authority: Refer to Miss. Code Ann. §23-15-801(1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for Statewide, State district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.

2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee Walter MichelReporting period 1/1/10 through 12/31/10**ITEMIZED RECEIPTS**

| | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------|------------------------------------------|
| A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____ | | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full name <u>Advance America</u> | | <u>10 / 28 / 10</u> | \$ 500.00 |
| Mailing Address <u>135 N. Church Street</u> | | <u> </u> / <u> </u> / <u> </u> | \$ |
| City, State, Zip Code <u>Spartanburg, NC 29306</u> | | <u> </u> / <u> </u> / <u> </u> | \$ |
| Name of Employer (Required) _____ | | <u> </u> / <u> </u> / <u> </u> | \$ |
| Occupation (Required) _____ | | Aggregate year-to-date | \$ 500.00 |
| B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____ | | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full name <u>Allergan USA, Inc.</u> | | <u>01 / 26 / 10</u> | \$ 500.00 |
| Mailing Address <u>2525 Dupont Drive</u> | | <u> </u> / <u> </u> / <u> </u> | \$ |
| City, State, Zip Code <u>Irvine, CA 92612</u> | | <u> </u> / <u> </u> / <u> </u> | \$ |
| Name of Employer (Required) _____ | | <u> </u> / <u> </u> / <u> </u> | \$ |
| Occupation (Required) _____ | | Aggregate year-to-date | \$ 500.00 |
| C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____ | | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full name <u>Altria Client Services, Inc.</u> | | <u>10 / 28 / 10</u> | \$ 500.00 |
| Mailing Address <u>333 N. Point Center E, #615</u> | | <u> </u> / <u> </u> / <u> </u> | \$ |
| City, State, Zip Code <u>Alphretta, GA 30022</u> | | <u> </u> / <u> </u> / <u> </u> | \$ |
| Name of Employer (Required) _____ | | <u> </u> / <u> </u> / <u> </u> | \$ |
| Occupation (Required) _____ | | Aggregate year-to-date | \$ 500.00 |
| D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) _____ | | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full name <u>American Legislative Exchange Council</u> | | <u>08 / 30 / 10</u> | \$ 1,200.00 |
| Mailing Address <u>1101 Vermont Avenue NW, 11th Floor</u> | | <u>12 / 27 / 10</u> | \$ 1,000.00 |
| City, State, Zip Code <u>Washington, DC 20005</u> | | <u> </u> / <u> </u> / <u> </u> | \$ |
| Name of Employer (Required) _____ | | <u> </u> / <u> </u> / <u> </u> | \$ |
| Occupation (Required) _____ | | Aggregate year-to-date | \$ 2,200.00 |

Name of Candidate or Committee Walter MichelReporting period 1/1/10 through 12/31/10

ITEMIZED RECEIPTS

| | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------|------------------------------------------|
| A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____ | | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full name <u>Ameristar Casino Vicksburg</u> | | <u>12 / 09 / 10</u> | \$ 500.00 |
| Mailing Address <u>4116 Washington Street</u> | | <u> </u> / <u> </u> / <u> </u> | \$ |
| City, State, Zip Code <u>Vicksburg, MS 39180</u> | | <u> </u> / <u> </u> / <u> </u> | \$ |
| Name of Employer (Required) | | <u> </u> / <u> </u> / <u> </u> | \$ |
| Occupation (Required) | | Aggregate year-to-date | \$ 500.00 |
| B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____ | | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full name <u>Anheuser-Busch, Inc.</u> | | <u>11 / 10 / 10</u> | \$ 500.00 |
| Mailing Address <u>One Busch Place</u> | | <u> </u> / <u> </u> / <u> </u> | \$ |
| City, State, Zip Code <u>St Louis, MO 63118</u> | | <u> </u> / <u> </u> / <u> </u> | \$ |
| Name of Employer (Required) | | <u> </u> / <u> </u> / <u> </u> | \$ |
| Occupation (Required) | | Aggregate year-to-date | \$ 500.00 |
| C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____ | | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full name <u>AstraZeneca</u> | | <u>05 / 21 / 10</u> | \$ 500.00 |
| Mailing Address <u>7516 Jeannette Street</u> | | <u> </u> / <u> </u> / <u> </u> | \$ |
| City, State, Zip Code <u>New Orleans, LA 70118</u> | | <u> </u> / <u> </u> / <u> </u> | \$ |
| Name of Employer (Required) | | <u> </u> / <u> </u> / <u> </u> | \$ |
| Occupation (Required) | | Aggregate year-to-date | \$ 500.00 |
| D. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____ | | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full name <u>AT&T Mississippi PAC</u> | | <u>08 / 31 / 10</u> | \$ 500.00 |
| Mailing Address <u>175 E. Capitol Street</u> | | <u> </u> / <u> </u> / <u> </u> | \$ |
| City, State, Zip Code <u>Jackson, MS 39201</u> | | <u> </u> / <u> </u> / <u> </u> | \$ |
| Name of Employer (Required) | | <u> </u> / <u> </u> / <u> </u> | \$ |
| Occupation (Required) | | Aggregate year-to-date | \$ 500.00 |

Name of Candidate or Committee Walter MichelReporting period 1/1/10 through 12/31/10**ITEMIZED RECEIPTS**

| | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------|------------------------------------------|
| A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____ | | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full name <u>Bayer</u> | | <u>07 / 28 / 10</u> | \$ 500.00 |
| Mailing Address <u>100 Bayer Road</u> | | <u> / / </u> | \$ |
| City, State, Zip Code <u>Pittsburgh, PA 15205</u> | | <u> / / </u> | \$ |
| Name of Employer (Required) <u> / / </u> | | <u> / / </u> | \$ |
| Occupation (Required) | | Aggregate year-to-date | \$ 500.00 |
| B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____ | | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full name <u>BNSF Railway Company</u> | | <u>08 / 30 / 10</u> | \$ 250.00 |
| Mailing Address <u>2500 Lou Menk Drive, AOB-3</u> | | <u> / / </u> | \$ |
| City, State, Zip Code <u>Fort Worth, TX 76131</u> | | <u> / / </u> | \$ |
| Name of Employer (Required) <u> / / </u> | | <u> / / </u> | \$ |
| Occupation (Required) | | Aggregate year-to-date | \$ 250.00 |
| C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) _____ | | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full name <u>Chip Reno and Associates</u> | | <u>01 / 12 / 10</u> | \$ 250.00 |
| Mailing Address <u>P. O. Box 2864</u> | | <u> / / </u> | \$ |
| City, State, Zip Code <u>Jackson, MS 39207</u> | | <u> / / </u> | \$ |
| Name of Employer (Required) <u> / / </u> | | <u> / / </u> | \$ |
| Occupation (Required) | | Aggregate year-to-date | \$ 250.00 |
| D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____ | | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full name <u>Exxon Mobil Corporation</u> | | <u>10 / 28 / 10</u> | \$ 500.00 |
| Mailing Address <u>P. O. Box 2519</u> | | <u> / / </u> | \$ |
| City, State, Zip Code <u>Houston, TX 77252</u> | | <u> / / </u> | \$ |
| Name of Employer (Required) <u> / / </u> | | <u> / / </u> | \$ |
| Occupation (Required) | | Aggregate year-to-date | \$ 500.00 |

Name of Candidate or Committee Walter MichelReporting period 1/1/10 through 12/31/10

ITEMIZED RECEIPTS

| | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------|------------------------------------------|
| A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____ | | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full name <u>General Electric Company</u> | | <u>12 / 30 / 10</u> | \$ 500.00 |
| Mailing Address <u>P. O. Box 9544</u> | | <u> </u> / <u> </u> / <u> </u> | \$ |
| City, State, Zip Code <u>Ft. Myers, FL 33906</u> | | <u> </u> / <u> </u> / <u> </u> | \$ |
| Name of Employer (Required) <u> </u> | | <u> </u> / <u> </u> / <u> </u> | \$ |
| Occupation (Required) <u> </u> | | Aggregate year-to-date | \$ 500.00 |
| B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____ | | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full name <u>Georgia Pacific</u> | | <u>12 / 30 / 10</u> | \$ 500.00 |
| Mailing Address <u>P. O. Box 61270</u> | | <u> </u> / <u> </u> / <u> </u> | \$ |
| City, State, Zip Code <u>Phoenix, AZ 85082</u> | | <u> </u> / <u> </u> / <u> </u> | \$ |
| Name of Employer (Required) <u> </u> | | <u> </u> / <u> </u> / <u> </u> | \$ |
| Occupation (Required) <u> </u> | | Aggregate year-to-date | \$ 500.00 |
| C. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____ | | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full name <u>Good Government PAC</u> | | <u>12 / 16 / 10</u> | \$ 250.00 |
| Mailing Address <u>P. O. Box 4019</u> | | <u> </u> / <u> </u> / <u> </u> | \$ |
| City, State, Zip Code <u>Gulfport, MS 39502</u> | | <u> </u> / <u> </u> / <u> </u> | \$ |
| Name of Employer (Required) <u> </u> | | <u> </u> / <u> </u> / <u> </u> | \$ |
| Occupation (Required) <u> </u> | | Aggregate year-to-date | \$ 250.00 |
| D. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____ | | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full name <u>MAE PAC</u> | | <u>01 / 05 / 10</u> | \$ 500.00 |
| Mailing Address <u>P. O. Box 2663</u> | | <u>11 / 10 / 10</u> | \$ 500.00 |
| City, State, Zip Code <u>Tuscaloosa, AL 35403</u> | | <u> </u> / <u> </u> / <u> </u> | \$ |
| Name of Employer (Required) <u> </u> | | <u> </u> / <u> </u> / <u> </u> | \$ |
| Occupation (Required) <u> </u> | | Aggregate year-to-date | \$ 1,000.00 |

Name of Candidate or Committee Walter MichelReporting period 1/1/10 through 12/31/10

ITEMIZED RECEIPTS

| | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------|------------------------------------------|
| A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____ | | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full name <u>Henry Michel</u> | | <u>02 / 05 / 10</u> | \$ 120.00 |
| Mailing Address <u>4421 Audubon Park Drive</u> | | <u>04 / 15 / 10</u> | \$ 120.00 |
| | | <u>07 / 12 / 10</u> | \$ 180.00 |
| City, State, Zip Code <u>Jackson, MS 39211</u> | | <u>09 / 14 / 10</u> | \$ 120.00 |
| | | <u>11 / 17 / 10</u> | \$ 120.00 |
| Name of Employer (Required) <u>J. Walter Michel Agency, Inc.</u> | | <u>12 / 10 / 10</u> | \$ 60.00 |
| Occupation (Required) <u>Real Estate</u> | | Aggregate year-to-date | \$ 720.00 |
| B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____ | | Date (Mo., Day, Year) | Amount of each receipt This period |
| Full name <u>Mississippi Architects PAC</u> | | <u>12 / 30 / 10</u> | \$ 500.00 |
| Mailing Address <u>419 E. Broadway</u> | | <u> / / </u> | \$ |
| City, State, Zip Code <u>Yazoo City, MS 39194</u> | | <u> / / </u> | \$ |
| Name of Employer (Required) <u> / / </u> | | <u> / / </u> | \$ |
| Occupation (Required) <u> / / </u> | | Aggregate year-to-date | \$ 500.00 |
| C. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____ | | Date (Mo., Day, Year) | Amount of each receipt This period |
| Full name <u>Mississippi Dental PAC</u> | | <u>08 / 23 / 10</u> | \$ 500.00 |
| Mailing Address <u>2630 Ridgewood Road, Suite C</u> | | <u> / / </u> | \$ |
| City, State, Zip Code <u>Jackson, MS 39216</u> | | <u> / / </u> | \$ |
| Name of Employer (Required) <u> / / </u> | | <u> / / </u> | \$ |
| Occupation (Required) <u> / / </u> | | Aggregate year-to-date | \$ 500.00 |
| D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____ | | Date (Mo., Day, Year) | Amount of each receipt This period |
| Full name <u>Novartis Pharmaceuticals Corp.</u> | | <u>12 / 07 / 10</u> | \$ 500.00 |
| Mailing Address <u>One Health Plaza</u> | | <u> / / </u> | \$ |
| City, State, Zip Code <u>East Hanover, NJ 07936</u> | | <u> / / </u> | \$ |
| Name of Employer (Required) <u> / / </u> | | <u> / / </u> | \$ |
| Occupation (Required) <u> / / </u> | | Aggregate year-to-date | \$ 500.00 |

Name of Candidate or Committee Walter MichelReporting period 1/1/10 through 12/31/10

ITEMIZED RECEIPTS

| | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------|------------------------------------------|
| A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____ | | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full name NRA Political Victory Fund | | 01 / 11 / 10 | \$ 500.00 |
| Mailing Address 11250 Waples Mill Road | | ___ / ___ / ___ | \$ |
| City, State, Zip Code Fairfax, VA 22030 | | ___ / ___ / ___ | \$ |
| Name of Employer (Required) | | ___ / ___ / ___ | \$ |
| Occupation (Required) | | Aggregate year-to-date | \$ 500.00 |
| B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____ | | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full name WAL*PAC | | 11 / 05 / 10 | \$ 250.00 |
| Mailing Address 702 SW 8 th Street | | ___ / ___ / ___ | \$ |
| City, State, Zip Code Bentonville, AR 72716 | | ___ / ___ / ___ | \$ |
| Name of Employer (Required) | | ___ / ___ / ___ | \$ |
| Occupation (Required) | | Aggregate year-to-date | \$ 250.00 |
| C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>LLC</u> | | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full name Fidelity Brokerage Services, LLC | | ___ / ___ / ___ | \$ 4,610.01 |
| Mailing Address 100 Summer Street | | ___ / ___ / ___ | \$ |
| City, State, Zip Code Boston, MA 02110 | | ___ / ___ / ___ | \$ |
| Name of Employer (Required) (Income, Interest, Dividends) | | ___ / ___ / ___ | \$ |
| Occupation (Required) | | Aggregate year-to-date | \$ 4,610.01 |
| D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____ | | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full name Citizens National Bank | | ___ / ___ / ___ | \$ 534.11 |
| Mailing Address P. O. Box 911 | | ___ / ___ / ___ | \$ |
| City, State, Zip Code Meridian, MS 39202 | | ___ / ___ / ___ | \$ |
| Name of Employer (Required) (Interest) | | ___ / ___ / ___ | \$ |
| Occupation (Required) | | Aggregate year-to-date | \$ 534.11 |

Name of Candidate or Committee Walter MichelReporting period 1/1/10 through 12/31/10

ITEMIZED RECEIPTS

| | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------|------------------------------------------|
| A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____ | | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full name | | ___ / ___ / ___ | \$ |
| Total non-itemized receipts | | ___ / ___ / ___ | 400.00 |
| Mailing Address | | ___ / ___ / ___ | \$ |
| City, State, Zip Code | | ___ / ___ / ___ | \$ |
| Name of Employer (Required) | | ___ / ___ / ___ | \$ |
| Occupation (Required) | | Aggregate year-to-date | \$ 400.00 |
| B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____ | | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full name | | ___ / ___ / ___ | \$ |
| Mailing Address | | ___ / ___ / ___ | \$ |
| City, State, Zip Code | | ___ / ___ / ___ | \$ |
| Name of Employer (Required) | | ___ / ___ / ___ | \$ |
| Occupation (Required) | | Aggregate year-to-date | \$ |
| C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____ | | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full name | | ___ / ___ / ___ | \$ |
| Mailing Address | | ___ / ___ / ___ | \$ |
| City, State, Zip Code | | ___ / ___ / ___ | \$ |
| Name of Employer (Required) | | ___ / ___ / ___ | \$ |
| Occupation (Required) | | Aggregate year-to-date | \$ |
| D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____ | | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full name | | ___ / ___ / ___ | \$ |
| Mailing Address | | ___ / ___ / ___ | \$ |
| City, State, Zip Code | | ___ / ___ / ___ | \$ |
| Name of Employer (Required) | | ___ / ___ / ___ | \$ |
| Occupation (Required) | | Aggregate year-to-date | \$ |

Name of Candidate or Committee Walter Michel
 Reporting period 1/1/10 through 12/31/10

ITEMIZED DISBURSEMENTS

| | | |
|------------------------------------------------------------------------------------------------------|----------------------------------------------|----------------------------------------------------------|
| A. Full name American Legislative Exchange Council | Date (Mo., Day, Year) | Amount of each disbursement this period |
| Mailing Address 1101 Vermont Avenue NW, 11 th Floor | <u>05 / 10 / 09</u> | \$ 510.00 |
| City, State, Zip Code Washington, DC 20005 | <u>10 / 27 / 09</u> | \$ 375.00 |
| Purpose of Disbursement (Optional) | Aggregate Year-to-date | \$ 885.00 |
| B. Full name Cellular South | Date (Mo., Day, Year) | Amount of each disbursement this period |
| Mailing Address P. O. Box 519 | <u>01 / 15 / 10</u> - <u>06 / 14 / 10</u> | \$ 737.46 |
| City, State, Zip Code Meadville, MS 39563 | <u>07 / 15 / 10</u> - <u>12 / 15 / 10</u> | \$ 736.48 |
| Purpose of Disbursement (Optional) | Aggregate Year-to-date | \$ 1,473.94 |
| C. Full name Clarion Ledger | Date (Mo., Day, Year) | Amount of each disbursement this period |
| Mailing Address P. O. Box 23067 | <u>01 / 05 / 10</u> - <u>06 / 14 / 10</u> | \$ 125.00 |
| City, State, Zip Code Jackson, MS 39225 | <u>07 / 15 / 10</u> - <u>12 / 15 / 10</u> | \$ 99.00 |
| Purpose of Disbursement (Optional) | Aggregate Year-to-date | \$ 224.00 |
| D. Full name Walter Michel | Date (Mo., Day, Year) | Amount of each disbursement this period |
| Mailing Address 3670 Lakeland Lane | <u>05 / 10 / 10</u> - <u>07 / 15 / 10</u> | \$ 1,611.51 |
| City, State, Zip Code Jackson, MS 39216 | <u>09 / 09 / 10</u> - <u>12 / 10 / 10</u> | \$ 847.33 |
| Purpose of Disbursement (Optional) NRA, MCTA, MML, MS Eco. Dev., MS Cons. Fin. conferences | Aggregate Year-to-date | \$ 2,458.84 |
| E. Full name MRP Victory Fund | Date (Mo., Day, Year) | Amount of each disbursement this period |
| Mailing Address P. O. Box 60 | <u>11 / 08 / 10</u> | \$ 1,000.00 |
| City, State, Zip Code Jackson, MS 39205 | <u> </u> / <u> </u> / <u> </u> | \$ |
| Purpose of Disbursement (Optional) | Aggregate Year-to-date | \$ 1,000.00 |
| F. Full name Nunnelee For Congress | Date (Mo., Day, Year) | Amount of each disbursement this period |
| Mailing Address P. O. Box 7092 | <u>05 / 10 / 10</u> | \$ 1,000.00 |
| City, State, Zip Code Tupelo, MS 38802 | <u> </u> / <u> </u> / <u> </u> | \$ |
| Purpose of Disbursement (Optional) | Aggregate Year-to-date | \$ 1,000.00 |

Name of Candidate or Committee Walter Michel
 Reporting period 1/1/10 through 12/31/10

ITEMIZED DISBURSEMENTS

| | | |
|-------------------------------------------------------|---------------------------|--------------------------------------------|
| A. Full name Quill | Date (Mo., Day, Year) | Amount of each disbursement this period |
| Mailing Address P. O. Box 37600 | <u>04 / 09 / 10</u> | \$ 290.64 |
| City, State, Zip Code Philadelphia, PA 19101 | <u>10 / 27 / 09</u> | \$ 106.56 |
| Purpose of Disbursement (Optional) Office supplies | Aggregate Year-to-date | \$ 397.20 |
| B. Full name Rotary Club of Jackson | Date (Mo., Day, Year) | Amount of each disbursement this period |
| Mailing Address P. O. Box 3807 | <u>04 / 26 / 10</u> | \$ 130.00 |
| City, State, Zip Code Jackson, MS 39207 | <u>07 / 15 / 10</u> | \$ 260.00 |
| Purpose of Disbursement (Optional) Dues | Aggregate Year-to-date | \$ 390.00 |
| C. Full name Steve Seale | Date (Mo., Day, Year) | Amount of each disbursement this period |
| Mailing Address P. O. Box 651 | <u>12 / 13 / 10</u> | \$ 705.99 |
| City, State, Zip Code Jackson, MS 39205 | <u> / / </u> | \$ |
| Purpose of Disbursement (Optional) ALEC conference | Aggregate Year-to-date | \$ 705.99 |
| D. Full name University of Mississippi Foundation | Date (Mo., Day, Year) | Amount of each disbursement this period |
| Mailing Address P. O. Box 249 | <u>12 / 17 / 10</u> | \$ 1,000.00 |
| City, State, Zip Code University, MS 38677 | <u> / / </u> | \$ |
| Purpose of Disbursement (Optional) | Aggregate Year-to-date | \$ 1,000.00 |
| E. Full name Non-itemized disbursements | Date (Mo., Day, Year) | Amount of each disbursement this period |
| Mailing Address | <u> / / </u> | \$ 2,099.70 |
| City, State, Zip Code | <u> / / </u> | \$ |
| Purpose of Disbursement (Optional) | Aggregate Year-to-date | \$ 2,099.70 |
| F. Full name | Date (Mo., Day, Year) | Amount of each disbursement this period |
| Mailing Address | <u> / / </u> | \$ |
| City, State, Zip Code | <u> / / </u> | \$ |
| Purpose of Disbursement (Optional) | Aggregate Year-to-date | \$ |